Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEB and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

naintenance fee notifical	ions.			******				- cala be uped (or domes	tin mailings of the		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for my sharige of address)						Note: A certificate of mailing can only be used for domestic mailings of the Pee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
27752	7190 06/08/	2009	P	THE		Corr	tificate of	Mailing or Tran	mission			
THE PROCTE	THE PROCTER & GAMBLE COMPANY						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class may be an about an interpretable of the Company					
Global Legal Department - IP States Postal Service with sufficient postage for first class mail in an eadressed to the Mail Stop ISSUE FEE address above, or being fi										or being facsimile		
Sycamore Building - 4th Floor						States Postal Service with sufficient postage for install that the state addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
Sycamore Building - 4th Floor 299 East Sixth Street CINCINNATI, OH 45202						Jayce Moore (Depositor's name						
CINCINNATI, C	/بى	Advce Hoore										
		Janel 100			2		(Signature)					
	MCEMARKE	September 4, 2009)	(Date)						
APPLICATION NO.	FILING DATE	ING DATE		FIRST NAMED INVENT		ATTÓ		EY DOCKET NO.	DOCKET NO. CONFIRMATION NO.			
09/887,887 06/22/2001				Vincenzo Tomarel	io	99/03/2239 SDENEUS4 08289882 162489 7950						
TTLE OF INVENTION: FLUSHABLE HARD SURFACE CLEANING WET WIPE										,,,		
01 FC:1301 1510.63 DA G2 FC:1304 309.03 DA												
•						eg fû:	Sedi	3.63 D	7			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUÉ		PUBLICATION PEE	OUE	PREV. PAID ISSUE FEE		TOTAL PEE(S) DUE		DATE DUE		
nonprovisional	NO	\$1510		\$300		\$0		\$1810	\$1810 09/08/2009			
EXAM	ART UNIT		CLASS-SUBCLAS	ŝ								
TORRES VELAZQ	1794	1794 442-408000										
Nam 4 Pras						atent front page, li		Jason	J. Ca	am D		
						ematively						
Address form PTO/SB/122) attached. (2)					the name of a single firm (having as a member a stered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is 3R-out M. Pool					yette		
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	registered attorne 2 registered paten listed, no name w	y or a t attor ill be	geni) and the nam meys or agents. If printed.	no name i	S Brent	M. Pa	Peebles					
	ND RESIDENCE DATA											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignoe is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.												
The second secon												
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
The Procter & Gamble Company Cincinnati, Ohio												
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government												
la. The following fee(s):	are submitted:		48	o. Payment of Fee(s):	(Plea	se first reapply a	ny previo	asly paid issue fe	sbown :	ıbove)		
🖾 Issue Fee 🔲 A check is enclosed.												
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.												
Advance Order - a	# of Copies 1			The Director is h overpayment, to	ereby Depo	authorized to char sit Account Numb	2 16 - 2	uired fee(s), any (480 (enclose	leficiency an extra (, or credit arry copy of this form).		
. Change in Entity Sta	tus (from status indicate	d above)		····								
, ,	s SMALL ENTITY state			D. Applicant is u								
NOTE: The Issue Fee an nterest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not butes Patent and T	e accepto rademark	d from anyone other (Office.	han ti	be applicant; a reg	stered atto	orney or agent; or	the assign	ice or other party in		
Authorized Signature	Btr					Date S	Septem	ber 4, 200	9	<u>.</u>		
Typed or printed name Brent M. Peebles						Registration N	lo	38,576				
This collection of inform	stion is remired by 37 C	FR 1.3)1 The i	nformatic	m is required to obtain	n or r	etain a benefit hy i	he public	which is to file (a	d by the	USPTO to process)		
in application. Confident submitting the completes his form and/or surgest	stion is required by 37 C tiality is governed by 35 d application form to the tons for reducing this bu	U.S.C. 122 and USPTO. Time	37 CFR will vary	1.14. This collection depending upon the	is est indiv	imated to take 12 idual case. Any or	minutes to	complete, includen the amount of	ng gather	ing, preparing, and require to complete of Commerce.		

this form another suggestions for reacting this outcom, should be sent to the Christian Office, U.S. Patril and Tradsmark Office, U.S. Department of Continence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.